SB/21 (09-04)

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100		Application Number	10/657,494				
OIPE TRANSMITTAL SOFT		Filing Date	September	September 8, 2003			
		First Named Inventor	Dennis M. I	Dennis M. Hilton			
AAR 2 9 2005 (4)		. Art Unit	1711				
i g		Examiner Name	Foelak, Morton				
(to be used feeall correspondence after initial t	<i>uing)</i> 2	Attorney Docket Number	621P002Di	v.			
Total Number of Pages in This Submission	-						
ENCLOSURES (Check all that apply)							
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatic Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Corks	Address		Appeal of Appeal (Appeal Proprie	Enclosure(s) (please Identify	
SIGNA	TURE	OF APPLICANT, ATTO	ORNEY, C	R AGI	ENT		
Firm Name Nields & Lemack							
Signature VIII)							
Printed name Kevin S. Lemack	<u>-</u> -						
Date March 25, 2005			Reg. No.	32,579	1		
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Typed or printed name Kevin S. Lemaci	k				Date	March 25, 2005	

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PTO/SB/17 (12-04)

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Complete if Known

621P002Div:

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Ellective off 1200/2004.					
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/657,494			
FEE TRANSMITTAL	Filing Date	September 8, 2003			
For FY 2005	First Named Inventor	Dennis M. Hilton			
	Examiner Name	Foelak, Morton			
Applicant claims small entity status See 37 CFR 1 27					

Art Unit

Attorney Docket No.

1,020.00

TOTAL AMOUNT OF PAYMENT

METHOD OF PAYMENT (check all that apply) Money Order Other (please identify): Check Credit Card None Nields & Lemack Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES EXAMINATION FEES FILING FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) 200 100 Utility 300 150 500 250 130 200 100 100 50 65 Design 300 150 160 80 200 100 Plant 600 300 300 150 500 250 Reissue 0 0 200 100 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Multiple Dependent Claims** Extra Claims Fee Paid (\$) **Total Claims** Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Fee (\$) Extra Claims Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Extra Sheets Total Sheets** (round up to a whole number) x - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) \$1,020.00 Three month extension fee Other:

SUBMITTED BY			
Signature	Ma	Registration No. 32,579 (Attorney/Agent)	Telephone 508-898-1818
Name (Print/Type)	Kevin S. Lemack		Date March 25, 2005

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